

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY

OFFICE OF DISABILITIES MANAGEMENT

EMERGENCY EVACUATION ASSISTANCE FORM

This work sheet is intended for use by all State entities for the purpose of providing its employees with assistance in the event of an emergency evacuation. Persons needing assistance in the event of an emergency evacuation are requested to complete this form.

NAME: _____
DEPARTMENT/AGENCY: _____
OFFICE LOCATION: _____
TELEPHONE # _____

I require the following assistance in the event of an emergency evacuation: (set forth below a brief description of the nature of assistance required, i.e. I use a walker and will need assistance walking down the stairwell):

As a part of the emergency evacuation plan, employees who require assistance will be assigned a partner/buddy to assist them in the event of an emergency evacuation. If you have a co-worker who is willing to act as your partner/buddy and receive emergency evacuation training please list the co-worker's name and work #.

Name: _____ **Work Phone Number:** _____

If you do not designate an emergency evacuation partner/buddy, someone will be assigned to you.

I understand that information regarding my need for emergency evacuation assistance is confidential. However, I further understand that by voluntarily identifying myself as someone who requires such assistance, relevant information regarding my need for assistance will be shared with medical professionals, emergency coordinators, floor captains, building security officials, and colleagues who have volunteered to act as my emergency evacuation partner/buddy.

Signature of person requesting assistance

Date:

PLEASE RETURN COMPLETED FORM TO:

David. M. Millstein, Asst. Deputy Director, ADA Administrator
33 West State Street
P.O. Box 034
Trenton, NJ 08625 609-292-7299 (v) 609-292-6525 (TT)